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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index - - No. 100			
1. County <u>Gila</u>				County Registrar's No. _____			
District _____				Local Registrar's - No. _____			
Town or City <u>Young, Ariz.</u>				St. _____ Ward _____			
2. FULL NAME <u>Allie Lindsey Fulton</u>				If death occurred in a hospital or institution, give its NAME instead of street and number			
(a) Residence. No. _____				St. _____ Ward _____			
(Usual place of abode)				(If nonresident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds.				How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR or RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John W. Fulton</u>							
6. DATE OF BIRTH (month, day and year) <u>May 16, 1877</u>							
7. AGE		Years <u>50</u>	Months <u>3</u>	Days <u>11</u>	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED <u>Housewife</u>							
(a) Trade, profession, or particular kind of work							
(b) General nature of industry, business, or establishment in which employed (or employer)							
(c) Name of employer							
9. BIRTHPLACE (city or town) <u>Spickardville</u>							
(State or country) <u>Mo.</u>							
10. NAME OF FATHER <u>John B. Lindsey</u>							
11. BIRTHPLACE OF FATHER (city or town)							
(State or country)							
12. MAIDEN NAME OF MOTHER <u>Josephine</u>							
13. BIRTHPLACE OF MOTHER (city or town)							
(State or country)							
14. Informant (Address) <u>John W. Fulton</u>							
15. Filed _____, 19 _____							
V. S. No. 1				Registrar			
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>Aug. 27 1927</u>							
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Acute Peritonitis given as cause of death</u>							
(duration) _____ yrs. _____ mos. <u>5</u> ds.							
CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds.							
18. Where was disease contracted _____ not at place of death?							
Did an operation precede death? _____ Date of _____							
Was there an autopsy? _____							
What test confirmed diagnosis? _____							
(Signed) <u>Ola Young, Local Registrar</u>							
19 (Address) <u>Young, Ariz.</u>							
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)							
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Young Cemetery</u>				DATE OF BURIAL <u>Aug. 28 1927</u>			
20. UNDERTAKER				ADDRESS			